



CHILD PROTECTION REPORT
ND DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES
SFN 961 (6-2003)

Case Number:	County:	Region:	Date Report Received by Assessing Agency:
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	LAST NAME	FIRST NAME	INIT.	FORMER	SUB	AGE	GEN.	RACE	EMPLOY	PA
Caregiver One:										
Caregiver Two:										
Subject One:										
Subject Two:										
Other:										Days:

	R.R., P.O., BOX, STREET	CITY	STATE	# RPTS
Caregiver One's Address:				
Caregiver Two's Address:				
Subject One's Address:				
Subject Two's Address:				
Worker Completing Report:				

CHILDREN											COMPLETE ONLY ON ALLEGED VICTIMS	
LAST NAME	FIRST NAME	V.	No. of Rpts.	REL OF CARE ONE	REL OF CARE TWO	REL OF SUB ONE	REL OF SUB TWO	AGE	GEN	RACE	TYPES OF SUSPECTED MALTREATMENT	TYPES OF * MAL.

* Only complete on services required decisions.

Date of Decision:	Case Decision:	
Decision Category:	County of Payment:	Type of Payment:

FAMILY RISK FACTORS:									
SERVICE OUTCOMES:									

Received at HSC:	Entered:
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